2015-12-21-03-00035582

FEC FORM 1

Only

STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAIL CENTER

			2015 UE Coffice Use Ponly O. 24		
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5		
Better, Ame	r,i,c,a,,F,o,r,,T,	0,m,0,f,f,0,v,,,,			
	<u> </u>				
ADDRESS (number and street)	1P,0, 18,0,x, 12,7,	0, , , , , , , , , , , , , , , , , , ,			
(Check if address is changed)	<u> </u>				
	(P. a. t.a. S. k.a. 1 .a.		O H 4 3 0 6 2 - 0 2 7 0 STATE ▲ ZIP CODE ▲		
COMMITTEE'S E-MAIL ADDRE	SS				
(Check if address is changed)	[b,e,t,t,e,r,a,m,e,r,i,c,a,f,o,r,t,o,m,o,r,r,o,w,Q,g,m,a,i,l,o,C,o,m]				
is onungedy	Optional Second E-Mail Add				
(Check if address is changed) 2. DATE	[bieititieiriaimiei	r,1,C,a,f,o,r,t,o,m,	0, r, r, 0, w, e, e, e, b, 1, y, o, c, 0)		
2. 5.02	2 2019				
3. FEC IDENTIFICATION N	JMBER ▶ C 0	0589952			
4. IS THIS STATEMENT	NEW (N) OR	X: AMENDED (A)			
I certify that I have examined th	is Statement and to the best of	of my knowledge and belief it is	s true, correct and complete.		
Type or Print Name of Treasure	Cory Steer				
Signature of Treasurer	Coy Out		Date 1 2 1 2 2 0 1 5		
NOTE: Submission of false, errone		nay subject the person signing th ON SHOULD BE REPORTED W	is Statement to the penalties of 52 U.S.C. §30109		
Office Use		For further information cor Federal Election Commission Toll Free 800-424-9530			

Local 202-694-1100

5.

Ę	EC F	orm 1 (Revised 02/2009) Page 2
		COMMITTEE
Can	didat	e Committee:
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name Cand	-	
Cand Party	idate Affiliat	Office State ion Sought: House Senate President District
(c)	į	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Cand		
Part	y Coi	nmittee:
(d)	* . *	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.
Polit	ical A	Action Committee (PAC):
(e)	:	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
		Corporation Corporation w/o Capital Stock Labor Organization
		Membership Organization Trade Association Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint	t Fund	draising Representative:
(g)	: :	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)	\$ ₁	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	nmittees Participating in Joint Fundraiser
	1.	
	2.	FEC ID number C
	3.	FEC ID number C
	4.	

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Write or Type Committee Na		
Better Amer 6. Name of Any Connected	COU FOR TOMOTTOW d Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
,,		
Mailing Address		
•	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor
 Custodian of Records: le books and records. 	dentify by name, address (phone number optional) and position of the person in pos	session of committee
Full Name	', y, s, t, e, e, f, , , , , , , , , , , , , , , ,	
Mailing Address	1P,0, B,0,x, 2,7,0,	
	[Pataskala]	62-0270
Title or Position	CITY STATE	ZIP CODE
15, e, c, r, e, t, a, r,	Telephone number 7.4.0 - 7	391-[8,6,6,3]
Treasurer: List the name any designated agent (e.g.)	and address (phone number optional) of the treasurer of the committee; and the na., assistant treasurer).	me and address of
Full Name of Treasurer	-9, 5, t, e, e, r, , , , , , , , , , , , , , , ,	
Mailing Address	1°,0, 18,0,×, 12,7,0,	
		<u> </u>
Title or Position $[\mathcal{L}_{i}\mathcal{F}_{i}\mathcal{O}_{i-1}, \dots, \dots]$	Telephone number 7 4 0 - 7	3.91-18.6.6.31
	ielephone number [7] [0]	ATT CIOINS

CITY

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ZIP CODE

STATE

FEC Form 1 (Revised 02/2009)

Mailing Address



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> Edderal Election Commission Washington, D.C. 20463 999 E Street, N.W.

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(3/2015)

Federal Election Commission **ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked Date of Receipt **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS** Priority Mail Express Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): PREPARER DATE PREPARED